



6-0-0 3763 \$
Docket No. 5472.210-US

SKADDEN, ARPS, SLATE, MEAGHER & FLOM

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Date: August 9, 2000

Applicant(s) : Steinfeldt-Jensen et al.

Serial No. : 09/429,677

Examiner: Yasko, Jr., J.

Filed : October 28, 1999

Art Unit: 3763

Title : Injection Syringe

AMENDMENT TRANSMITTAL
AND REQUEST FOR EXTENSION OF TIME

Assistant Commissioner For Patents
Washington, DC 20231

Sir:

I hereby certify that this paper is being deposited with the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on August 9, 2000.

Robert B. Smith

Reg. No. 28,538

Robert B. Smith
Signature

August 9, 2000
Date

Transmitted herewith is an Amendment in the above-identified application.

1. () No additional fee is required.

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(3ms)
J. W. H.

2. () The fee has been calculated as shown below:

<u>Claims remaining</u>	<u>Prior Paid Claims</u>	<u>Extra</u>	<u>Rate</u>	<u>Fee</u>
Total:	minus (at least 20) =	@	\$18	= \$
Independent	minus (at least 3) =	@	\$78	= \$
TOTAL ADDITIONAL FEE: \$				

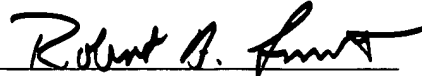
3. (X) An extension of time to respond to the PTO Communication dated February 14, 2000 is hereby requested. The required fee is indicated below:

Within first month:	()	\$110
Within second month	()	\$380
Within third month	(X)	\$870
Within fourth month	()	\$1,360

4. () The Amendment includes an Information Disclosure Statement. Enclosed is Form PTO-1449 and copies of ____ reference(s).
5. (X) The Commissioner is hereby authorized to charge the amount of \$ 870.00 representing (a) additional claims fee (\$); (b) the extension fee (\$ 870); and (c) the fee for filing an Information Disclosure Statement (\$) to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
6. (X) In the event that an extension of time is required and applicant has inadvertently overlooked the need to request a petition and file the fee, the applicant hereby petitions for such extension of time. The Commissioner is authorized to charge the required fee to deposit account No. 19-2385. A copy of this sheet is enclosed for such purpose.
7. (X) The Commissioner is hereby authorized to charge payment of any additional fees required in connection with this application, and credit any overpayment, to deposit account No. 19-2385. A copy of this sheet is enclosed.

Skadden, Arps, Slate, Meagher & Flom

By



Robert B. Smith

Registration No. 28,538

Attorneys for Applicant(s)

(212) 735-3020

RECEIVED
FEB 14 2000
TO CREDIT ROOM